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UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO EASTERN DIVISION

IN RE:

Don S. Neehouse,

Cathy J. Neehouse, : Case No. 12-52459

Chapter 13

Debtors. : Judge Preston

NOTICE OF SUBMISSION OF AMENDED SCHEDULES I & J

Now come Debtors, Don and Cathy Neehouse, by and through counsel, and submit the attached Amended Schedule I – Your Income, and Schedule J – Your Expenses.

Respectfully submitted,

/s/ Crystal I. Zellar

Crystal I. Zellar (#0038785) Shelley E. Hibburt (#0091736)

Zellar & Zellar, Attorneys at Law, Inc.

720 Market Street Zanesville, Ohio 43701 Telephone: (740) 452-8439 Facsimile: (740) 450-8499 mail@ZellarLaw.com Counsel for Debtors

CERTIFICATE OF SERVICE

I hereby certify that on **January 12, 2016**, a copy of the foregoing **Notice of Submission of Amended Schedules I & J** was served on the following registered ECF participants, **electronically** through the court's ECF System at the email address registered with the Court:

US Trustee Chapter 13 Trustee

and on the following by **ordinary U.S. Mail** addressed to:

Don and Cathy Neehouse 265 Timberline Dr Vincent OH 45784

/s/ Crystal I. Zellar

Crystal I. Zellar (#0038785) Shelley E. Hibburt (#0091736)

Zellar & Zellar, Attorneys at Law, Inc.

Counsel for Debtors

Fill in this informa	ation to identify your case:	
Debtor 1	Don S. Neehouse	
Debtor 2 (Spouse, if filing)	Cathy J. Neehouse	
United States Ba	ankruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number	2:12-bk-52459	Check if this is:
(If known)		An amended filing A supplement showing postpetition chapte
		13 income as of the following date:

Official Form 106l

Schedule I: Your Income

12/15

MM / DD/ YYYY

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, Employed Employed **Employment status** attach a separate page with information about additional ■ Not employed ■ Not employed employers. Occupation Sales Secretary Include part-time, seasonal, or self-employed work. C&C Dodge /Chrysler (304) Employer's name Warren Local School District 917-4535 Occupation may include student or homemaker, if it applies. **Employer's address** 1305 Pike Street 220 Steetapple Road (740) P.O. Box 805 678-2393 Vincent, OH 45784 Marietta, OH 45750 How long employed there? 6 years / paid bi-weekly 14 years / paid semi-monthly Part 2: **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,684.00 \$ 2,376.00

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 4,684.00 \$ 2,376.00

Official Form 1061 Schedule I: Your Income page 1

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DODIOI I		Don S. Neehouse Cathy J. Neehouse		Case number (if known)		2:12-bk-52459		
				For I	Debtor 1		ebtor 2 or iling spouse	
	Cop	by line 4 here	4.	\$	4,684.00	\$	2,376.00	
5.	List	all payroll deductions:						
	5a. 5b. 5c.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5a. 5b. 5c.	\$ \$	1,187.00 0.00 0.00	\$ \$	129.00 119.00 0.00	
	5d. 5e. 5f.	Required repayments of retirement fund loans Insurance Domestic support obligations	5d. 5e. 5f.	\$ \$	0.00 0.00 0.00	\$ \$	0.00 274.00 0.00	
	5g. 5h.	Union dues Other deductions. Specify: Required sales incentives for buyers	5g. 5h.+	\$ 	0.00	+ \$	62.00 0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,620.00	\$	584.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,064.00	\$	1,792.00	
8.	8a. 8b.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends	8a. 8b.	\$ \$	0.00	\$ \$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$ 	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00		0.00	
	8h.	Other monthly income. Specify:	8h.+		0.00	+ \$	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	3	\$,064.00 +	1,79	92.00 = \$	4,856.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Sch Specify:								0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Schedules and Statistical Summary of Cellies					12. \$	4,856.00
12	Do.	you expect an increase or decrease within the year after you file this for	·m?				Combin monthly	ed / income
٠٠.		No. Yes. Explain:						

						_		
Fill	in this info	rmation to identify y	our case:					
Deb	tor 1	Don S. Neeh	OUISE			Ch	eck if this is:	
		Don G. Neer	10036				An amended filing	1
Deb	tor 2	Cathy J. Nee	house				A supplement sho	owing postpetition chapter
(Spo	ouse, if filing		J.10400			"		f the following date:
Unit	ed States B	ankruptcy Court for the	: SOUT	HERN DISTRICT OF OHIO)		MM / DD / YYYY	
	e numbe r nown)	2:12-bk-52459						
Of	fficial	Form 106J				1		
		le J: Your	Fyna	neae				12/15
Be info nur	as complormation. nber (if kr	ete and accurate a If more space is no nown). Answer eve	s possibleeded, at	e. If two married people a tach another sheet to this				for supplying correct
Par		escribe Your Hous joint case?	ehold					
1.								
	_	Go to line 2.						
	■ Yes	S. Does Debtor 2 IIV	ve in a se	parate household?				
	•	■ No □ Yes. Debtor 2 m	nust file Of	ficial Form 106J-2, <i>Expens</i>	es for Separate Hou	ısehold of [Debtor 2.	
2.	Do vou	have dependents?	□ No					
		•						
	Do not lis	st Debtor 1 tor 2.	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not s	tate the						□ No
	depende	nts names.			Son		17	Yes
								□ No
								Yes
								□ No
							_	_
								□ No □ Yes
3.	expense	expenses include es of people other and your depende		■ No □ Yes				100
		, ,						
exp	imate you	of a date after the	our bank	ruptcy filing date unless				napter 13 case to report of the form and fill in the
the		such assistance ar		n government assistance ncluded it on Schedule I:			Your exp	penses
4.		al or home owners and any rent for the		nses for your residence. or lot.	Include first mortgag	ge 4.	\$	0.00
	If not in	cluded in line 4:						
		eal estate taxes				4a.	·	0.00
		operty, homeowner				4b.	·	0.00
		ome maintenance, r omeowner's associa				4c. 4d.		200.00
5.				ndominium dues /our residence, such as ho	ome equity loans	4a. 5.	·	0.00

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Debtor 1		Don S. Neehouse			
Deb	otor 2	Cathy J. Neehouse	Case num	ber (if known)	2:12-bk-52459
6.	Utilit	ies.			
0.	6a.	Electricity, heat, natural gas	6a.	\$	450.00
	6b.	Water, sewer, garbage collection	6b.		88.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	· -	282.00
	6d.	Other. Specify:	6d.		0.00
7.		d and housekeeping supplies	7.		800.00
8.		dcare and children's education costs	8.	\$	0.00
9.		hing, laundry, and dry cleaning	9.		175.00
		onal care products and services	10.		150.00
11.		ical and dental expenses	11.	·	433.00
		sportation. Include gas, maintenance, bus or train fare.	• • • •		
12.		ot include car payments.	12.	\$	440.00
13.		rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
		ritable contributions and religious donations	14.		0.00
	Insu	-			
	Do no	ot include insurance deducted from your pay or included in lines 4 or 20.			
	15a.	Life insurance	15a.		0.00
	15b.	Health insurance	15b.	·	0.00
		Vehicle insurance	15c.		68.00
		Other insurance. Specify:	15d.	\$	0.00
	Spec		16.	\$	0.00
17.		allment or lease payments:			
		Car payments for Vehicle 1	17a.		0.00
		Car payments for Vehicle 2	17b.	·	0.00
		Other. Specify:	17c.	·	0.00
		Other. Specify:	17d.	\$	0.00
	dedu	r payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		·	0.00
19.	Othe	er payments you make to support others who do not live with you.		\$	0.00
	Spec	ify:	19.		<u> </u>
20.		er real property expenses not included in lines 4 or 5 of this form or on Sch			0.00
		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.	·	0.00
		Property, homeowner's, or renter's insurance	20c.		0.00
		Maintenance, repair, and upkeep expenses	20d.	·	0.00
64		Homeowner's association or condominium dues	20e.	·	0.00
21.		Pet Food & Vet Bills	21.	+\$	20.00
	Scho	pol fees & expenses		+\$	150.00
22.	Calc	ulate your monthly expenses			
		Add lines 4 through 21.		\$	3,256.00
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
		Add line 22a and 22b. The result is your monthly expenses.		\$	3,256.00
	220.	The mile ZZE and ZZD. The result is your monthly expenses.			5,250.00
23.		ulate your monthly net income.			
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,856.00
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,256.00
	23c.	Subtract your monthly expenses from your monthly income.	00-	Q	1,600.00
		The result is your <i>monthly net income</i> .	23c.	\$	1,000.00
24	Do 14	ou expect an increase or decrease in your expenses within the year after yo	ou filo this	s form?	
۷4.	DO y	ou expect an increase or decrease in your expenses within the year after yo	ou me uli	3 1011111	

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No	
	No

☐ Yes.

Explain here: Increased medical/dental expenses as Debtor-Husband has incurred significant post-petition medical bills due to two hip replacement surgeries.